

# Congress of the United States

Washington, DC 20510

October 26, 2021

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

As the federal government prepares for implementation of the new three-digit dialing code (9-8-8) for the National Suicide Prevention Lifeline (Lifeline) in July 2022, we must ensure that a crisis services continuum is solidified in all states. The crisis services continuum consists of three core elements: call centers, mobile crisis units, and crisis stabilization programs. The value of this continuum can be seen when individuals in behavioral health crises are diverted to settings where their needs will be met, and one vital component is community residential programs that provide effective, cost-efficient crisis stabilization services.

**We write to urge the Centers for Medicare & Medicaid Services (CMS) to work with State Medicaid Directors to ensure community residential programs that provide these acute care crisis services are not impacted by the Institutions for Mental Disease (IMD) payment prohibition.** This long-standing federal policy prevents the use of federal Medicaid financing for care provided to most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds and was enacted in 1965 at a time when crisis stabilization beds did not exist. We are concerned that states will apply the IMD payment prohibition to crisis stabilization facilities and without the availability of these diversion programs, individuals tragically too often end up in prison or on the streets, which not only worsens mental health conditions, but increases the cost of care to the state and the federal government.

Crisis stabilization is distinct from admission to a mental health or substance use disorder residential treatment facility. These diversion programs, as stated in the Substance Abuse and Mental Health Services Administration's National Guidelines for Behavioral Health Crisis Care, offer the community no-wrong-door access to mental health and substance use care that quickly accepts all walk-ins, ambulance, fire, and police drop-offs.<sup>1</sup> Furthermore, the maximum length of stay is 23 to 72 hours with the goal of keeping patients in crisis out of inappropriate settings like homeless shelters and county jails.

By limiting crisis stabilization programs to only 16 beds, this requirement makes the delivery of services very difficult to administer in high demand geographic areas, and it is not cost effective for community providers to create multiple small programs in a single area or city. By allowing crisis stabilization programs to provide services for more than 16 beds, this could expand the

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<sup>1</sup> SAMHSA. National Guidelines for Behavioral Health Crisis Care. June 2021.

number of options available to vulnerable Medicaid-eligible populations without many sources of care in the community.

Vibrant Emotional Health, which has administered the Lifeline since 2005, estimates that the new three-digit dialing code will increase utilization from around 2 million contacts to 9 million contacts in the first year alone.<sup>2</sup> At present, every state has at least one element of the crisis services continuum model, and in most states that element is a 24/7 crisis help line. However, states must continue to fund and implement call centers, mobile crisis teams, and crisis stabilization programs to provide the full crisis continuum and give access to quality trauma informed evidence-based care. This immediate intervention increases the ability of individuals to recover from crises and assists to keep them out of future crises.

Lastly, we urge CMS to clarify the availability of an unambiguous Medicaid reimbursement pathway for crisis stabilization beds. This would provide further integration for individuals by connecting them to outpatient mental health providers thereby increasing recovery and sustaining community living. At the same time, the agency should take administrative action to eliminate the IMD designation from facilities with a low inpatient census and lengths of stay of eight (8) days or less.

Thank you for your prompt consideration of this serious matter.

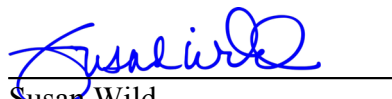
Sincerely,



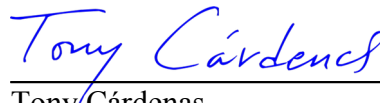
Grace F. Napolitano  
Member of Congress



John Katko  
Member of Congress



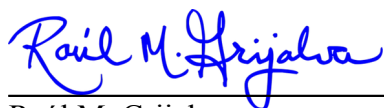
Susan Wild  
Member of Congress



Tony Cárdenas  
Member of Congress

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<sup>2</sup> Vibrant Emotional Health. 988 Serviceable Population and Contact Volume Projections. December 2020.



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Raúl M. Grijalva  
Member of Congress



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Mark DeSaulnier  
Member of Congress



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Barbara Lee  
Member of Congress



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Alan Lowenthal  
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Bonnie Watson Coleman  
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Brian Fitzpatrick  
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Seth Moulton  
Member of Congress



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Tom O'Halleran  
Member of Congress



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Katie Porter  
Member of Congress



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David J. Trone  
Member of Congress

CC: The Honorable Miriam E. Delphin-Rittmon, Ph.D.  
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Office of the Assistant Secretary for Mental Health and Substance Use  
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